

Annual Report
to the
General Assembly
of the State of North Carolina
on the
Intensive Family Preservation Services Program
for the 2002-2003 State Fiscal Year

January 2004

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Executive Summary

This report presents data and findings on North Carolina's Intensive Family Preservation (IFPS) Program from State Fiscal Year 2002 – 2003 (SFY 2003), and on a five-year history of families served SFY 1999 through SFY 2003. The findings from the analyses of five-year trend data remain very positive, both in terms of achieving legislative intent, and in terms of achieving a variety of positive outcomes for families and children-at-risk of abuse or neglect in North Carolina.

During SFY 2003, 31 IFPS programs provided services in 48 counties, serving 605 families in which 1,166 children were at imminent risk of being removed from the home. After IFPS services, 76 of those children (7%) were not living at home. This represents a placement prevention rate of 93% with respect to families, and 93% with respect to individual children. Changes in family functioning that enabled children and families to remain together safely included improvements in environmental factors, parental capabilities, family interactions, family safety and child well-being. SFY 2003 was the fourth year that the North Carolina Family Assessment Scale (NCFAS), Version 2.0, was used by IFPS programs. The NCFAS V2.0 data are discussed in detail elsewhere in this report.

During the past year, the number of minority children served by IFPS programs increased slightly to 49% of all imminent risk children served (33% African American and 16% other minority populations). The proportion of white children in the service population is at an all time low of 51%. The increase in service to minority children over the last three years is attributable to the expansion of IFPS programs in counties with a high percentage of minority children in the child welfare population.

Significant shifts have also occurred over the past three years with respect to referral source and primary issues affecting families. DSS referred families increased another 6% (to

81% overall) in SFY 2003. There has been an increase in the number of families presenting with the problem of neglect (65% in SFY 2003 compared to 50% in SFY 1999) and a decline in the number of families presenting with problems with school, delinquency, or sexual abuse. The increase in DSS referred families and shift in primary issues affecting families is due to the change in eligibility criteria prior to SFY 2001.

IFPS programs continue to show stability with regard to the age and sex distribution of imminent risk children over the past 5 years. Further, IFPS programs continue to demonstrate a very high degree of success in preventing placements, averaging about 91% per year with respect to families, and 92% with respect to individual children. Other important 5-year findings are that the IFPS program appears to have a significant effect on determining the level of service need for children who are ultimately placed in out-of-home care. Data indicate that children at risk of placement in correctional or psychiatric care at the time of intake often can be served in less costly, less restrictive alternative placements. Further, a small number of children at risk of placement into foster care have service needs identified that result in their receiving mental health services or more restrictive care.

Analyses of data from the North Carolina Family Assessment Scale reveal statistically significant relationships between “strengths” on several domains and placement prevention, and between “problems” on several domains and out-of-home placement. Further, the data indicate convincingly that IFPS interventions are capable of improving family functioning across all the measured domains, and that these improvements in family functioning are statistically significantly associated with placement prevention.

Taken as a whole, the evaluation results for the Intensive Family Preservation Services program in North Carolina reveal that:

- ◆ there are significant shifts in family functioning that occur during IFPS that are associated with positive treatment outcomes;
- ◆ placement prevention rates have been very steady, ranging between 87-93% of families, and 89-94% of children each year since the program began;
- ◆ IFPS is a very cost effective program, and yields a very favorable cost/benefit ratio;
- ◆ benefits appear to accrue for families that have received the service (as measured by living arrangements of families, service utilization by families, and their apparent abilities to handle family stress).

Introduction

This is the tenth Annual Report on North Carolina's Intensive Family Preservation Services (IFPS) program that presents data and information about families and children that have participated in the program. It is the seventh annual report in which data from more than one year are presented, including five-year trend data on the service population and a retrospective study (see Addendum to this report) examining the effectiveness of IFPS. Information about the IFPS program's activities and performance relating specifically to SFY 2003 are also presented.

Data that are presented graphically or in tables represent the most interesting findings from the current year, or from past years. There is also a section on Family Functioning, based upon the use of the North Carolina Family Assessment Scale. Further, the retrospective study to examine the treatment effects of IFPS has been expanded this year to include data on placement outcomes for DSS referred children served through March 2002.

Data from the IFPS statewide information system are presented that:

- ◆ examine this year's performance of the program,
- ◆ describe the historical trends of the program since its beginning,
- ◆ describe research and evaluation findings that help explain the program's data,
- ◆ examine the long term outcomes of families that have received the services, and
- ◆ discuss the cost effectiveness and cost/benefit of the program.

Review of Program Goals

The goal of North Carolina's Intensive Family Preservation Services Program is to prevent the unnecessary placement of children away from their families by providing intensive, in-home services that result in long term improvements in parents' abilities to care for and protect their children.

The services provided by IFPS programs are intended to meet the following objectives:

- ◆ to stabilize the crisis that places the child at imminent risk of placement;

- ◆ to keep the child, family and community safe by reducing the potential for violence (physical, sexual, emotional/verbal);
- ◆ to keep the child safe from the consequences of neglect;
- ◆ to help families develop skills and resources needed to face and resolve future crises; and,
- ◆ to improve family functioning so that the family's quality of life is improved.

Program Design Includes:

- ◆ Targeting families with children at imminent risk of out of home placement;
- ◆ Time-limited services lasting not more than six weeks;
- ◆ Home-based services where at least half of the face-to-face contact occurs in the family's home or community;
- ◆ Focus on promoting family competence, building on the family's strengths;
- ◆ Culturally competent services demonstrating understanding and respect for cultural and ethnic diversity;
- ◆ Therapeutic and concrete services;
- ◆ Round the clock access to family preservation caseworkers;
- ◆ Caseloads no greater than four families at any given time, and
- ◆ Specially trained and supported family preservation caseworkers.

Placement Prevention as an Outcome Measure

Throughout the report, "placement prevention," or variations of the term, is one of several outcome measures used to discuss IFPS program success. Indeed, the definition of those eligible for IFPS (as expressed in the Division of Social Services' Policies and Procedures for the IFPS program) is: "...child(ren) at imminent risk of out-of-home placement into the social services, mental health/developmental disabilities/substance abuse services, or juvenile justice system." The prevention of "unnecessary" placements into these systems is a central philosophical underpinning of IFPS. However, many of these placements have become "unnecessary" only because there are now services (IFPS) that provide an *alternative* to placement in foster care or institutional care.

Having established the desirability of preventing unnecessary placements, it must be recognized that not all placements are preventable, and sometimes placement is in the best interest of the child. Therefore, “*placement prevention*” is not an entirely satisfactory success statistic, and it must be viewed within the context of child safety and family functioning. Child safety is the primary concern of all IFPS programs, and family functioning comprises a variety of things (resources, supports, skills, etc.) that enable families to resolve crises and remain together, safely.

Review of Policies and Procedures on Eligibility and Imminent Risk

The policies and procedures for IFPS programs were revised during fiscal year 2001 and effective April 1, 2001. These revisions standardized eligibility guidelines for services and assessment criteria for determining imminent risk. Objective criteria have been established to standardize the definition of imminent risk for each referral source. These criteria include:

DSS Referred Cases

- ◆ There has been a substantiation of abuse or neglect; and
- ◆ There is a rating of “High Risk” on the standardized risk assessment worksheet for at least one child who has been substantiated in the family.

Juvenile Justice Referred Cases

- ◆ There has been adjudication that the juvenile is delinquent or undisciplined, and the juvenile violates protective supervision or probation, or there are new charges; or
- ◆ The juvenile has been placed on Level 2 disposition by the court.

Mental Health Referred Cases

- ◆ A child may be considered “at imminent risk of out of home placement” when the child’s treatment team determines that if IFPS were not offered, the child would be referred to a residential or inpatient setting; and
- ◆ A child receives a total CAFAS score of 60 or above, or a subscore of 30 on either the parent/caregiver or the moods/self-harm domain.

Program Summary for SFY 2003

Number of Families, Caretakers and Children Served

During SFY 2003, 31 IFPS programs provided services to families in 48 counties throughout North Carolina. Table 1, below, presents a detailed table of the programs and counties served, as well as the number of families, imminent risk children, total children and caretakers served.

Table 1: Number of Families, Caretakers and Children Served by IFPS Programs During SFY 2003, Listed by Program and County

INTENSIVE FAMILY PRESERVATION PROGRAM	COUNTY SERVED	FAMILIES SERVED	CARE-TAKERS SERVED	IMMINENT RISK CHILDREN SERVED	ALL CHILDREN SERVED
Mountain Youth Resources	Cherokee	7	10	14	18
	Graham	10	13	15	20
Blue Ridge Mental Health	Buncombe	9	13	9	16
Buncombe County DSS	Buncombe	4	7	9	9
Home Remedies-Bringing It All Back Home	Burke	8	13	19	20
	Caldwell	7	9	12	12
Foothills Mental Health	Alexander	7	12	9	15
	Caldwell	7	13	8	14
Cleveland County DSS	Cleveland	25	36	36	48
Gaston County DSS	Gaston	36	58	75	79
Cabarrus County DSS	Cabarrus	23	36	47	53
Piedmont Behavioral Healthcare	Cabarrus	9	15	10	18
Centerpointe Mental Health	Davie	2	3	3	7
	Forsyth	10	18	9	15
	Stokes	4	4	3	8

IMMINENT

INTENSIVE FAMILY PRESERVATION PROGRAM	COUNTY SERVED	FAMILIES SERVED	CARE- TAKERS SERVED	RISK CHILDREN SERVED	ALL CHILDREN SERVED
Methodist Home for Children	Chatham	15	19	26	32
	New Hanover	4	6	8	8
	Pitt	12	16	13	13
	Scotland	17	25	20	49
	Wake	15	20	17	38
	Wayne	18	26	38	45
Smoky Mountain Mental Health	Haywood	2	4	3	4
	Jackson	3	5	3	8
	Swain	1	1	1	3
Choanoke Area Development Association	Halifax	14	15	16	16
	Northampton	6	6	8	8
Family Connections	Person	14	21	22	38
Catawba County DSS	Catawba	26	45	48	48
Iredell County DSS	Iredell	20	31	49	52
Sandhills Mental Health	Richmond	14	20	21	38
Clay County DSS	Clay	3	6	4	6
<i>EXPANSION PROGRAMS</i>					
S. Region 2: BIABH	Rutherford	3	6	13	14
N. Region 3: Rainbow Center	Wilkes	14	19	30	31
S. Region 3: Youth Homes	Mecklenburg	25	36	73	75
N. Region 4: Exchange Club/SCAN	Forsyth	13	15	34	36
N. Region 4: Centerpointe MH	Forsyth	13	21	26	31
S. Region 4: Piedmont Beh. Healthcare	Rowan	7	13	11	13
S. Region 5: Fam. Serv. of Piedmont	Guilford	15	21	33	42

CARE-	IMMINENT RISK	ALL
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INTENSIVE FAMILY PRESERVATION PROGRAM	COUNTY SERVED	FAMILIES SERVED	TAKERS SERVED	CHILDREN SERVED	CHILDREN SERVED
S. Region 5: Youth Focus	Guilford	27	39	63	68
N. Region 7: Cumberland Co. MH	Cumberland	32	47	76	77
S. Region 7: Methodist Home	Robeson	22	38	38	52
S. Region 8: Methodist Home	Johnston	14	21	39	39
Region 9: Martin County Community Action	Bertie	7	8	11	13
	Chowan	2	3	2	2
	Hertford	1	2	4	4
	Martin	7	11	13	13
	Perquimans	3	5	4	5
Region 10: Methodist Home	Beaufort	12	20	29	29
	Brunswick	9	16	24	32
	Craven	2	3	5	5
	Dare	4	4	6	6
	Hyde	1	2	5	5
	New Hanover	10	16	20	38
	Onslow	9	12	29	29
	Pamlico	1	2	3	3
Totals		605	906	1166	1420

During SFY 2003, a total of 605 families received services that ended before July 1, 2003. There were 1,166 imminent risk children identified in these families, among a total of 1,420 children in the families; 906 caretakers were served directly by the programs.

Referral Information

Table 2 presents information collected at the time the case is referred to IFPS for service. The majority of referrals came from DSS (81%), followed by Mental Health (11%) and Juvenile Justice (8%); all other sources, combined, accounted for about 1%. The average response time from referral to the first visit to the family by an IFPS worker was 1.59 days.

Table 2: Referral Information for Families Served by IFPS Programs

Referral Information	Number	Percent
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Referral Source		
DSS	487	80.5%
MH/DD/SAS	65	10.7%
Juvenile Justice	50	8.3%
Other	3	0.5%
Average Number of Days from Referral to First Home Visit	1.59	
DSS Referred Families with Substantiation of Abuse and/or Neglect	466	95.7%
Risk Assessment Rating for those with Substantiation		
Low	1	0.2%
Medium	12	2.6%
High	452	97.2%
Average Number of Days from Substantiation to IFPS Referral	105	

Eligibility criteria require that DSS referred cases have a substantiation of abuse and/or neglect, and that the family, or at least one imminent risk child in the family, have a “high” rating on the Family Risk Assessment Factor Worksheet completed by the DSS investigator. In SFY 2003, 96% of DSS referred cases were reported to have had a substantiation of abuse and/or neglect. The majority (97%) of these families had a “high” rating on the family risk assessment. The average length of time from the DSS substantiation of abuse and/or neglect to the referral for IFPS services was 105 days.

Family Information

Table 3 presents information collected about families at referral and intake. About 6% of families served in SFY 2003 had received IFPS previously. Lack of financial resources was indicated as causing significant family stress in 42% of families; these families did not have incomes sufficient to meet their basic needs.

Table 3: Family Information at Referral and Intake

Family Information	Number	Percent
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Families that Previously Received IFPS	33	5.6%
Families Without Sufficient Income to Cover Basic Needs	208	41.5%
Top 10 Issues Presenting the Family at Referral		
Family Conflict/Violence	373	61.7%
Neglect	394	65.1%
School Difficulty	243	40.2%
Other Drug Abuse	150	24.8%
Alcohol Abuse	146	24.1%
Mental Illness	129	21.3%
Emotional Disability	119	19.7%
Learning Disability	109	18.0%
Physical Abuse	104	17.2%
Emotional Abuse	101	16.7%
Average Number of Issues Indicated per Family	4.53	
Strengths Identified in 50% or More of Families at Intake		
Eager to keep family together	512	84.6
Verbal	439	72.6
Pleasant	359	59.3
Caring	314	51.9
Responsive	329	54.4
Receptive	322	53.2
Average Number of Strengths Identified per Family	9.79	

The major issues placing children at risk at the time of referral were: family conflict and violence; neglect; abuse (physical and emotional); alcohol or other drug abuse by one or more family members; school difficulty; mental illness; and emotional and learning disabilities. On average, 5 major issues were identified per family that placed children at imminent risk of placement. In spite of these issues, in the majority (85%) of families IFPS workers were able to identify at least one caretaker who was eager to keep the family together, and who displayed various strengths that were used as the foundation of the IFPS worker's intervention plan. Caseworkers were able to identify an average of 10 family strengths per family that would aid in the intervention plan.

Caretaker Demographics

In SFY 2003, 906 caretakers were living in the homes of the 605 families served by the IFPS programs. Table 4 presents demographic information for these caretakers.

Table 4: Demographics of Caretakers Living in the Home

Demographics of Caretakers Living in the Home	Number	Percent
Age		
Average Age	35	
Under 18	6	0.7%
18 – 24	127	14.1%
25 – 30	188	20.8%
31 – 40	371	41.1%
41 – 50	143	15.9%
51 – 60	47	5.2%
Over 60	20	2.2%
Gender		
Female	603	66.6%
Male	303	33.4%
Race		
White	571	63.0%
African American	267	29.5%
Other	68	7.5%
Working Full-Time	337	37.2%
Working Part-Time	75	8.2%
Unemployed	346	38.2%
Unemployed—Homemaker	65	7.2%
Unemployed—Disabled	75	8.3%
Educational Status		
Less than 10 th grade	84	11.2%
10 th – 12 th grade	255	34.1%
High school/GED	267	35.7%
Post college/college graduate	141	18.9%

The average age of the caretakers served by the program was 35 years old. One-third (36%) of the caretakers were 30 years old or less, one-quarter (23%) were over the age of 40, and the remaining 41% were between 31 and 40 years old. Two-thirds (67%) of caretakers living in the home were female. The majority of caretakers were White (63%), 30% were African American, and 8% were of other minority races. Only 37% of caretakers were employed

in full-time work and an almost equal percentage (38%) of caretakers were unemployed and in need of work. Nearly half (45%) of all caretakers had less than a high school diploma.

Imminent Risk Child Demographics

In SFY 2003, 1,166 children were identified as being at imminent risk of out-of-home placement from among the 605 families served by the IFPS programs. Table 5 presents demographic information on the children at imminent risk of out-of-home placement.

Table 5: Demographics of Imminent Risk Children

Demographics of Imminent Risk Children	Number	Percent
Age		
Average Age	7.68	
0 – 5	434	37.4%
6 – 12	461	39.7%
13 – 15	213	18.3%
16 – 17	53	4.6%
Gender		
Female	565	48.5%
Male	600	51.5%
Race		
White	596	51.1%
African American	381	32.7%
Other	189	16.2%
Risk of System Placement		
Social Services	1048	89.9%
Mental Health	55	4.7%
Substance Abuse Services	0	0.0%
Juvenile Justice	53	4.5%
Developmental Disability	0	0.0%
Private Placement	10	0.9%

The average age of the imminent risk child was about 8 years old. Forty-nine percent of the imminent risk children were female and 52% were male. Half (51%) of the children were White and 33% were African American. Other minority children represented 16% of the imminent risk children served. (Refer to the “Five Year Trend Analysis” section for more information about the racial distribution of the IFPS population.) The large majority of children (90%) were at risk of a Social Services placement. Another 5% were at-risk of a Mental Health placement, and 5% were at-risk of a Juvenile Justice placement.

The revised IFPS Policies and Procedures detail specific imminent risk criteria for each type of referral source. Table 6 presents summary information on the imminent risk criteria for children at imminent risk of out-of-home placement.

Table 6: Imminent Risk Criteria for Imminent Risk Children by Referral Source

Imminent Risk Criteria	Number	Percent
DSS Referred IR Children	1046	89.7%
Maltreatment Type		
Physical/Emotional/Sexual Abuse	80	7.7%
Neglect	952	92.0%
Delinquent	3	0.3%
Risk Assessment Rating		
Low	3	0.3%
Medium	31	3.0%
High	1011	96.7%
Mental Health Referred IR Children	64	5.5%
Average CAFAS Score	71.25	
When CAFAS <60, which domain had sub-score of 30		
Parent/Caregiver	6	100%
Moods/Self-Harm	0	0.0%
Juvenile Justice Referred IR Children	52	4.5%
Type of Adjudication		
Undisciplined	17	32.7%
Delinquent	35	67.3%
If Delinquent, Most Serious Offense		
Violent	3	8.6%
Serious	16	45.7%
Minor	16	45.7%
Other Criteria (could mark more than 1)		
Violated Supervision/Probation	26	50.0%
New Charges Filed	13	25.0%
Placed on Level 2 Disposition	27	51.9%

From the data available in SFY 2003, the majority of imminent risk children (90%) were referred from a DSS referral source. Most (92%) DSS referred imminent risk children had neglect as the primary type of maltreatment substantiated. The majority (97%) of these children had a risk rating of “high.” Recall that the new Policies and Procedures requires that only 1 child in a family be rated at “high” risk; other imminent risk children in the family could receive lower risk ratings, but the family would still be eligible for IFPS services. Mental health referred 6% of imminent risk children served. The average CAFAS score for these children was 71. All

but six children had a CAFAS score over the required minimum total score of 60, but they all had a parent/caregiver domain score over 30. The remaining 5% of imminent risk children were referred for services from juvenile justice agencies. The majority (67%) of these children were adjudicated delinquent and the remaining 33% were adjudicated undisciplined. For those imminent risk children adjudicated delinquents, 9% committed a violent offense, 46% committed a serious offense, and 46% committed a minor offense. Half (50%) of juvenile justice referred imminent risk children had violated supervision or probation, one-quarter (25%) had new charges filed against them and half (52%) had been placed on level 2 disposition. These data indicate a high degree of compliance with the new IFPS eligibility criteria implemented in SFY 2001.

Service Delivery Information

Table 7 presents regularly collected service delivery information from the 605 families served in SFY 2003. Workers averaged almost 75 hours of service to each of the families during the typical 6-week service period. About 35 hours, on average, were spent in face-to-face contact with the family. About 12 hours were devoted to client-related travel, 12 hours to administrative tasks and record keeping, and about 16 hours to a combination of case management activities (including telephone contact, conversations with “collaterals,” supervision, court time, etc.).

Table 3 reported that 42% of families were experiencing financial hardship and did not have enough money to cover the basic needs of the family. In SFY 2003, IFPS programs provided monetary assistance totaling \$24,146 to 22% of all families served to alleviate emergency crises and stabilize the living situation. This amount averaged \$182 per family receiving monetary assistance.

Table 7: Service Delivery Information

Service Delivery Information	Number	Percent
Average Number of Hours of:		
Face to Face Contact	34.99	
Telephone Contact	4.62	
Collateral Contact	5.61	
Client Related Travel	11.91	
Supervision	5.58	
Administrative/Record Keeping	11.78	
Miscellaneous Contact	.64	
Average Number of Hours of All Case Related Activities	75.13	
Families in Need of Monetary Assistance	135	22.3%
Families Provided Monetary Assistance (of those who needed)	133	98.5%
Total Dollars Families Needed	\$26,152	
Total Dollars Families Provided	\$24,146	
Average Dollars Provided per Family in Need	\$182	

Closure Information

Table 8 presents information collected about families served at the time of case closure. The average IFPS case lasted an average of 39.36 days (5.6 weeks). The majority of cases (85%) were closed successfully when services were completed. Another 9% of cases were closed after the family moved, the child moved to live with a relative or family friend (still considered a “home” placement), the family withdrew, or the family was consistently uncooperative. Only a small percentage of cases (4%) were closed due to child placement or the risk to the child was too high and placement was imminent. A total of 41 families (7%) experienced the placement of an imminent risk child or children. In the judgement of IFPS workers, sufficient progress was made during the IFPS intervention to permit the children to remain at home in 93% of the families. However, 85% of families were referred to other services at the time IFPS services ended to continue to work on issues after the precipitating crisis was stabilized and risks to the child(ren) sufficiently reduced.

Table 8: Case Closure Information

Case Closure Information	Number	Percent
Average Number of Days from Referral to Closure	39.36	
Reason Case was Closed		
Child Placed	22	3.6%
Risk to Children Too High	3	0.5%
Child Moved (to live with relative/family friend)	11	1.8%
Family Moved/Left Jurisdiction	2	0.3%
Family Withdrew/Consistently Uncooperative	40	6.6%
Services Completed/Service Period Ended	514	85.0%
Other Reason	13	2.1%
Imminent Risk Child Living Situation at Closure		
Home	1006	86.6%
Relative	75	6.5%
Family Friend	5	0.4%
Social Services	61	5.2%
Mental Health	6	0.5%
Juvenile Justice	1	0.1%
Private Placement	0	0.0%
Other Placement	8	0.7%
Imminent Risk Children Experiencing an Out-of-Home Placement at Closure	76	6.5%
Families Experiencing an Out-of-Home Placement of 1+ Imminent Risk Child(ren)	41	6.8%
Families Referred for Other Services at Closure	510	84.7%

Families Not Accepted/Appropriate for IFPS

Each year many families are referred for IFPS but not served. Reporting those data to the state is optional; therefore, this information is likely an underestimate of the total number of families that were referred for IFPS. Table 9 presents summary information about these families. In SFY 2003, at least 220 families and 461 imminent risk children were referred for IFPS and not served. The majority of referrals (74%) came from county Department of Social Services. Twenty-four percent of families were denied services because caseloads were full, and 14% were not served because the family did not meet the referral system eligibility criteria. Twenty-six percent of families were not willing to participate in services. Three-fifths (58%) of families that did not receive services were White, 30% were African American, and 13% were other minorities.

Table 9: Families Not Accepted/Appropriate for IFPS

Families Not Accepted/Appropriate for IFPS	Number	Percent
Number of Families Referred, but Not Served	220	
Reason Families Not Accepted/Appropriate for IFPS		
Caseloads Full	51	23.5%
Unable to Locate within 48 Hours	20	9.2%
Risk too High	13	6.0%
Did Not Meet Referral System Eligibility Criteria	31	14.3%
Family Not Willing to Participate	57	26.3%
Other Reason	45	20.7%
Agency from Which Family Was Referred		
DSS	159	74.0%
Mental Health	25	11.6%
Juvenile Justice	27	12.6%
Other Source	4	1.9%
Total Number of Imminent Risk Children Referred and Not Served	461	
Average Number of Imminent Risk Children per Family Referred and Not Served	2.12	
Family Race		
White	125	57.9%
African American	64	29.6%
Other	27	12.5%

Five Year Trend Analysis

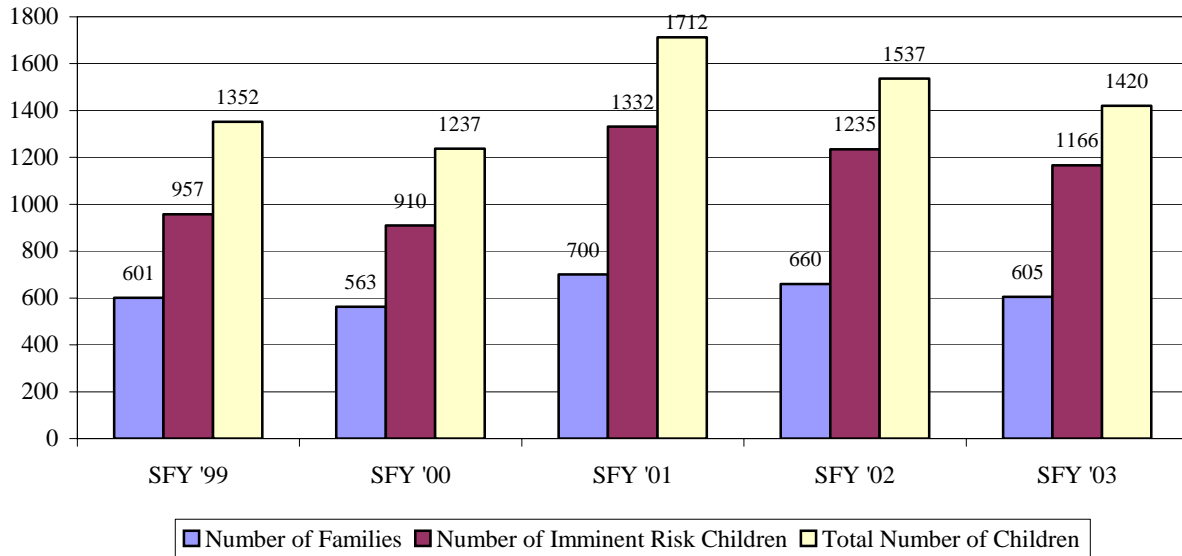
Since the enactment of Senate Bill 141 of the Family Preservation Act of 1991, North Carolina's IFPS providers have served more than 6000 families. The automated IFPS case record and management information system was implemented in January 1994, and contains detailed information on 5711 families served. This large database provides highly reliable estimates of program trends since the system has been operating at "full capacity" for 9.5 years. Findings in this section, unless specifically noted otherwise, relate to the total population of families served in the last five years, SFY 1999 through SFY 2003.

Five-year trend analyses of a number of variables indicate a high degree of stability, and therefore predictability, in a number of areas of interest to IFPS programs, policy executives and the legislature. These analyses also present positive changes to the program where administrative attention has focused on program development.

Number of Families, Caretakers and Children Served

The number of programs offering IFPS services increased significantly in SFY 2001 when IFPS programs were expanded to reach new areas of the state. In the 3 years prior to SFY 2001, the number of programs offering IFPS services varied only slightly (22 programs serving between 34 and 38 counties). Currently there are 31 IFPS programs operating and providing services to families in 48 counties throughout the state. Figure 1, next page, presents the number of families, imminent risk children, and total children served annually by IFPS programs. The program has served an average of 626 families per year (from a low of 563 families in SFY 2000 to a high of 700 families in SFY 2001). The number of imminent risk children served in these families averages 1,120 per year among an average of 1,452 total children served annually.

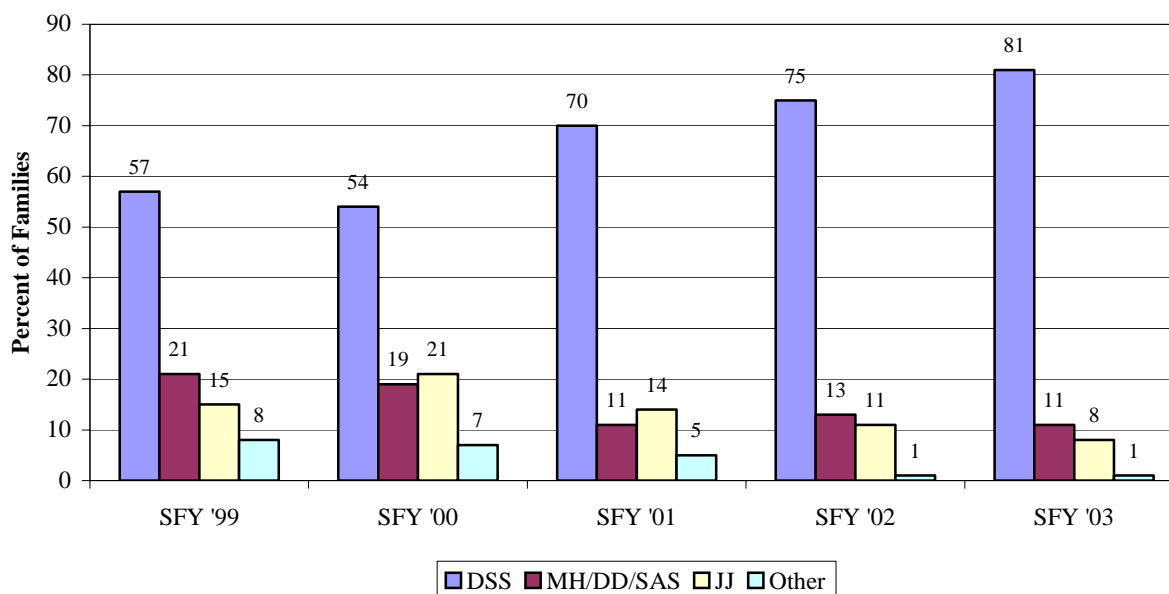
Figure 1. Number of Families, Imminent Risk Children and Total Children Served by IFPS Programs



Referral Source

Prior to SFY 2001, the sources of referral remained quite constant: between 54% and 57% have come from DSS, 19% to 21% from MH/DD/SAS, 15% to 21% from Juvenile Justice, and only 7% to 8% from all other sources (see Figure 2, next page). In SFY 2001 DSS referrals increased to 70% as a result of most expansion programs serving families from DSS referral sources only. The percentage of referrals coming from DSS sources increased again in SFY 2002 (75%) and SFY 2003 (81%). The decline in referrals from MH/DD/SAS and Juvenile Justice can be attributed to the majority of expansion programs being funded to serve children referred from DSS sources.

Figure 2. Percent of Families Served by IFPS Referral Source



Age and Gender of Imminent Risk Children

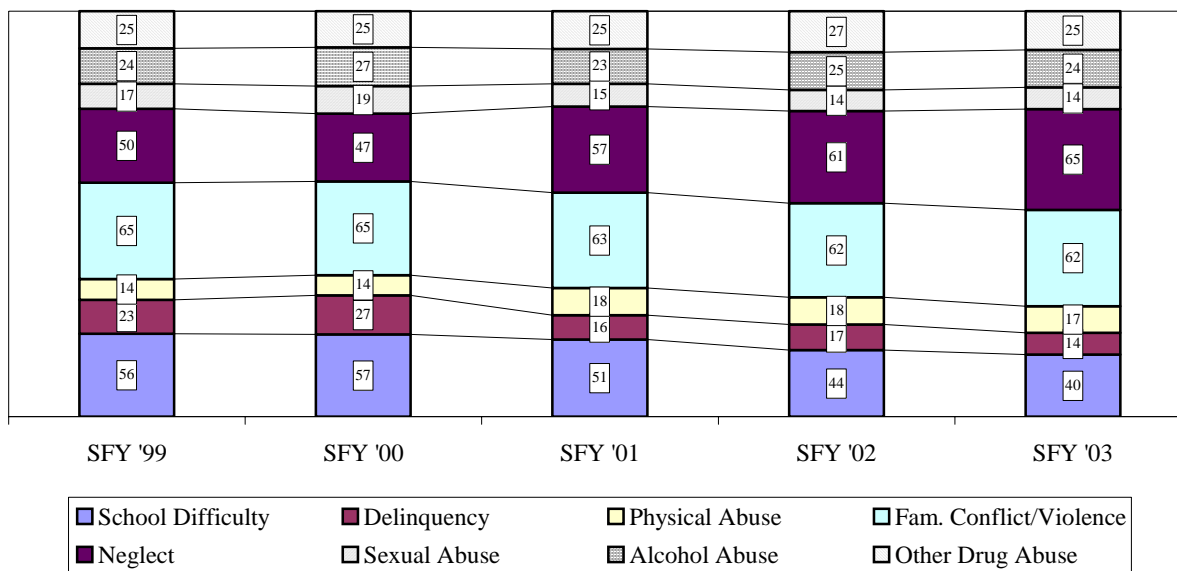
The distribution of ages of imminent risk children has remained stable throughout the last five years: 28% to 37% have been 0-5 years of age, 39% to 45% have been 6-12 years of age, 18% to 23% have been 13-15 years of age, and 4% to 6% have been 16+ years of age. The gender of imminent risk children has been 44% to 49% female, and 52% to 56% male.

Primary Issues Affecting Families at Referral

Figure 3 presents data on the types of problems affecting families. (Note that each section of a bar represents the percent of families experiencing a particular problem, and that families may experience multiple problems. Therefore, the bars do not add to 100%, but represent the cumulative percentages of families experiencing that problem in a given year). The types of problems affecting families remained quite consistent through SFY 2000. In SFY 2001 new eligibility criteria and imminent risk definitions were implemented, along with a significant expansion of IFPS programs serving DSS referred children, that have shifted the proportion of

families experiencing issues in the major problem areas. The major problem areas remain school difficulty, delinquency, family violence, neglect, substance abuse and various types of abuse.

Figure 3. Primary Issues Affecting Families at Referral: Percent of Families Experiencing Issue



The proportion of families experiencing problems of physical abuse, family conflict or violence, and substance abuse have remained fairly constant. However, significant declines can be noted in the proportion of families presenting with problems with school, delinquency or sexual abuse. There has been a marked increase in the proportion of families presenting with the problem of neglect. These shifts can be accounted for by the increase in families served from DSS referral sources as well as an increase in the number of families receiving “high” ratings on the family risk assessment.

Monetary Assistance

Lack of financial resources is a major stressor for IFPS families. This variable is not rated on the area of the case record that contributes to the “problem areas” presented in Figure 3, so these data are not part of that Figure. However, IFPS workers identify about 1/3 (between 34% and 42%) of IFPS families annually as “being without sufficient incomes to meet their basic needs.”

Figure 4. Percent of Families Needing and Receiving Monetary Assistance from IFPS

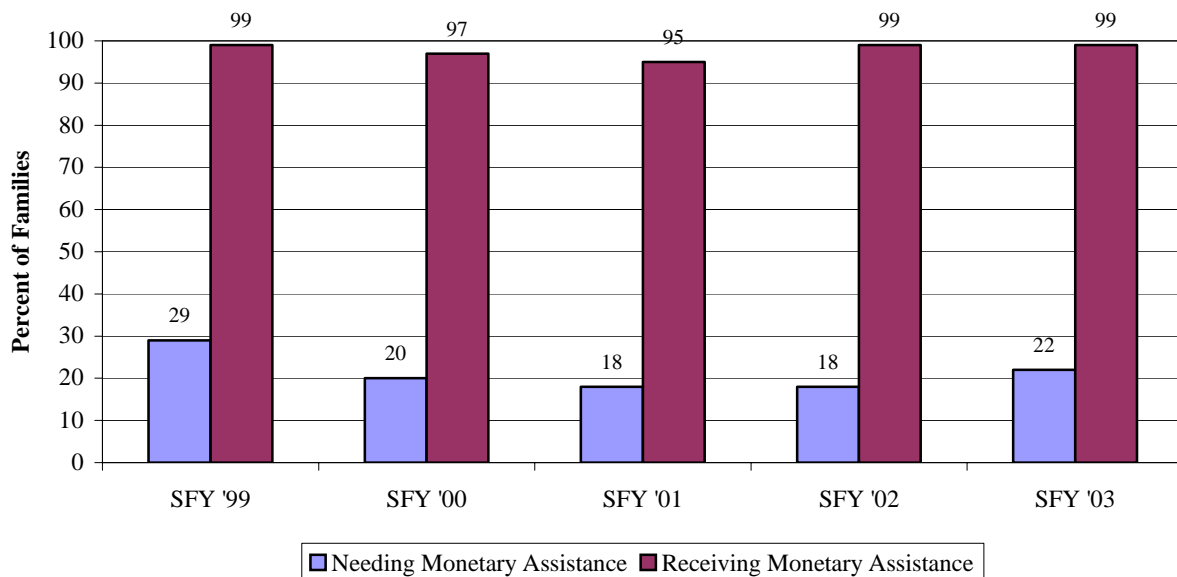
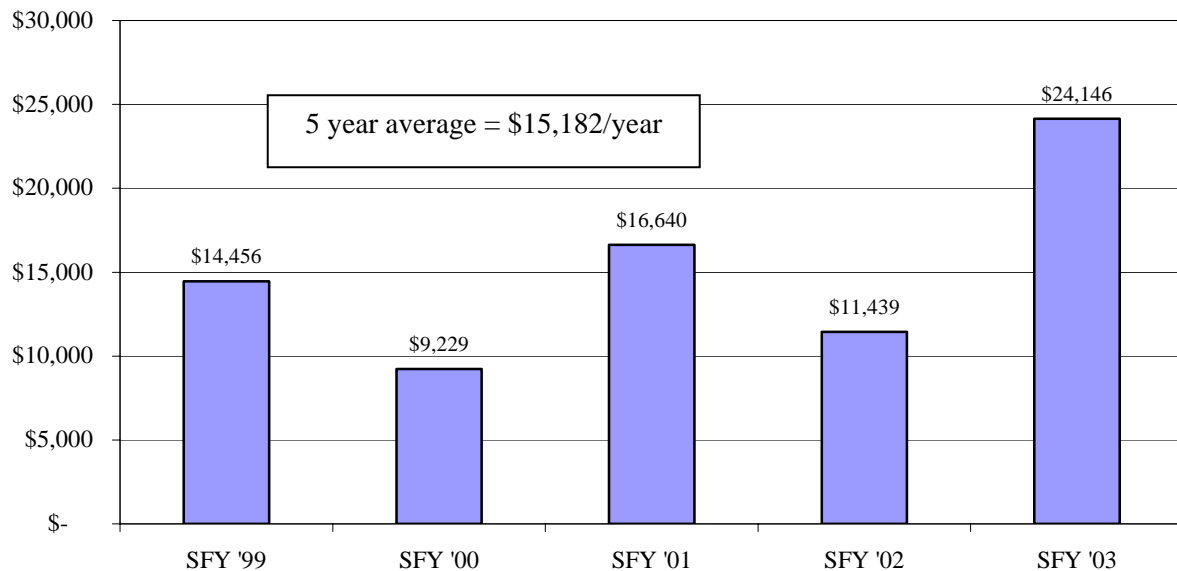


Figure 4 illustrates that the number of families identified as needing monetary assistance declined each year from SFY 1999 through SFY 2002, from 29% to 18%, and then increased again in SFY 2003 to 22% (not all families with insufficient incomes are so identified). The percent of families receiving assistance (of those who needed assistance) has remained constant, however, at 95% to 99% per year.

The provision of monetary resources to these families is an area that has fluctuated greatly over the past five years. Figure 5 illustrates these changes. The amount of money

devoted to providing monetary assistance to families in need by IFPS programs was at a high of \$24,146 in SFY 2003 and at a low of \$9,229 in SFY 2000. The reasons for these fluctuations from year to year are not known. The five-year average of total dollars provided to families in need is \$15,182 per year.

Figure 5. Total Dollars Provided as Monetary Assistance to Needy IFPS Families

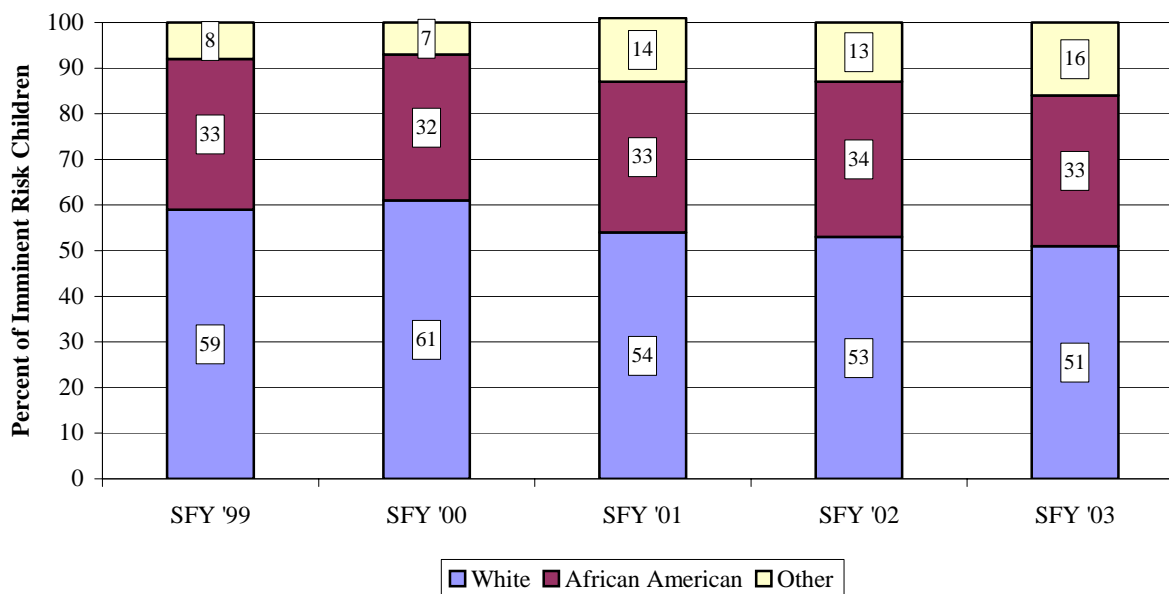


The fact that monetary assistance is available to IFPS families does *not* imply that IFPS is an alternative “welfare” type program. On the contrary, of the 651 families (SFY 1999 through SFY 2003) that have received monetary assistance as part of their IFPS service plan received an average of \$116.61. Rather than resembling a welfare payment, these small amounts of money are a deliberate and focused attempt to alleviate a particular family stressor (e.g., repair of a car or needed appliance, restoration of electricity or telephone service to the home, provide a social or recreational activity intended to enhance family relations).

Race of Imminent Risk Children

The race of children served by IFPS providers is a variable where substantial changes have occurred since the automated IFPS case record and management information system was implemented in January 1994. Figure 6 illustrates an interesting pattern for African American and other minority children served by the IFPS program over the past five years.

Figure 6. Race of Imminent Risk Children in Families Receiving IFPS



Since SFY 1997 (not shown), when the proportion of African American children served increased to 34% (from 25% the previous year), variations in the racial distribution of children served had been small. However, since SFY 2001 there has been a significant increase in the percentage of other minority children served by IFPS programs to an all time high of 16% in SFY 2003. This change is accounted for by a statistically significant decrease in the percent of white children served to an all time low of 51% in SFY 2003, while the percentage of African American children served has remained fairly constant (varying from 32% to 34% over the past five years).

Expansion funds were given to DSS during SFY 2001 to expand IFPS throughout North Carolina. The Division focused on expanding IFPS in areas of the state with the highest placement rates. Historically, minority children have been over-represented in the child welfare population. Thus, if successful, the expansion strategy should have resulted in the delivery of IFPS services to larger segments of the minority populations. Data suggest that this strategy was successful. The large majority of children served through IFPS in expansion counties during SFY 2001, SFY 2002 and SFY 2003 were minority, ranging from 45% to 50% African American and 15% to 20% other minority (including American Indian, Hispanic, Asian and multi-racial) children.

Placement of Imminent Risk Children

Another important finding emerged in the trend analysis that relates broadly to the entire child welfare system: even if children are placed out of home at the end of IFPS services, the program data reveal a statistically significant shift in the level of care needed by those children. Presented in Table 10, these data show that just over one half of the children at risk of placement into Mental Health/Developmental Disabilities/Substance Abuse Services or Juvenile Justice facilities at referral, and who are ultimately placed out of home, are placed in those types of facilities (73% and 55% respectively). Almost one fifth (18%) of those children “placed” who were originally at risk of MH/DD/SAS placement were able to be placed in foster care. Eighteen percent of children at risk of Juvenile Justice placement were served in foster care, and an additional 8% at risk of Juvenile Justice placement were placed, instead, in MH/DD/SAS facilities, presumably because they were found to need these services rather than incarceration. On the other hand, about 80% of the children who were originally at risk of placement into foster care, and who were placed, were placed in that system. A small number (5%) of these children were found during IFPS to need MH/DD/SAS services, and an even smaller number (2%) were

found to need more restrictive Juvenile Justice placement. These differences in placement outcomes, when compared to risk of placement at referral, are highly statistically significant (Chi Square = 333.210; df = 12; p<.001).

Table 10. Risk of System Placement of Imminent Risk Children at Referral Compared to Living Arrangement After IFPS, For Children Who Were Placed in Out-Of-Home Care, SFY 1998 through SFY 2002

Living Arrangement After IFPS	Risk of System Placement at Referral				
Count Column %	Social Services	Mental Health	Juvenile Justice	Private Placement	Row Total
Social Services	221 79.5%	7 17.5%	7 17.5%	0 0.0%	235 64.7%
Mental Health	15 5.4%	29 72.5%	3 7.5%	0 0.0%	47 12.9%
Juvenile Justice	6 2.2%	2 5.0%	22 55.0%	0 0.0%	30 8.3%
Private Placement	13 4.7%	1 2.5%	4 10.0%	4 80.0%	22 6.1%
Other Placement	23 8.3%	1 2.5%	4 10.0%	1 20.0%	29 8.0%
Column Total Row %	278 76.6%	40 11.0%	40 11.0%	5 1.4%	363 100%

Family Functioning: North Carolina Family Assessment Scale

During the spring of SFY 1994-95, the North Carolina Family Assessment Scale (NCFAS) was implemented as a formal part of the IFPS case process and record keeping system. The NCFAS was developed by staff at the Jordan Institute for Families in cooperation with a working group of North Carolina IFPS providers, and is based on a compilation of several assessment instruments used in North Carolina, Michigan, California, and elsewhere.

The development and implementation of the NCFAS has been discussed in previous reports. The report for SFY 1999 discussed the validation study conducted in 1997 and 1998, and the revisions to the NCFAS that resulted in Version 2.0. The complete reliability and validity study has also been published in the professional literature (Research on Social Work Practice, Volume 11, Number 4, July 2001, pages 503-520). The NCFAS V2.0 was implemented statewide on July 1, 1999, and data are now available for 4 full years of service delivery. Therefore, findings in this section relate to the total population of families served in the last four years, SFY 2000, SFY 2001, SFY 2002 and SFY 2003.

The NCFAS provides information on family functioning in a variety of areas relevant to the typical IFPS family, and provides pre-service and post-service information in order to measure change that occurs during the IFPS service period. Changes in family functioning that occur during this period are related to stressors impacting families, which in turn, impact their ability to remain united at the end of the service period.

The NCFAS examines five broad areas of interest and a number of more specific sub-areas. The broad areas, referred to as domains, include: Environment, Parental Capabilities, Family Interactions, Family Safety, and Child Well-Being. Each of these domains comprises a series of sub-scales. For example, the domain of Environment includes sub-scales on housing stability, safety in the community, habitability of housing, income/employment, financial

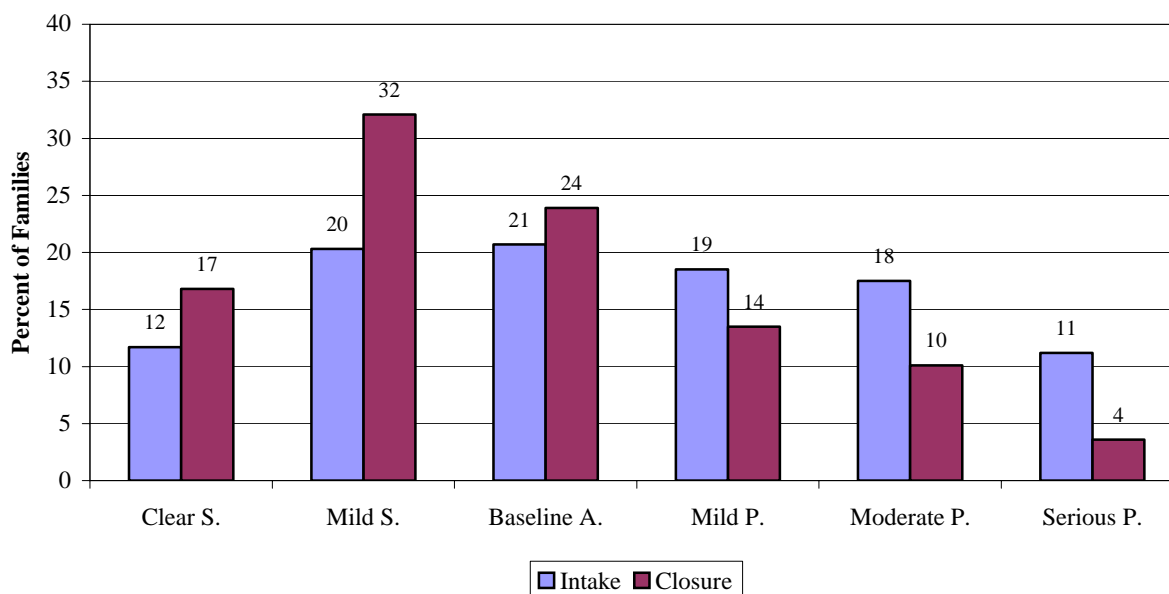
management capability, adequacy of food and nutrition, personal hygiene, availability of transportation, and the “learning” environment.

Assessments are made by IFPS workers at the beginning of the service period and again at the conclusion of service. The data of interest include both the absolute ratings at intake and closure and the change scores derived between the two assessment periods. For example, if a family received a rating of “-2” on the Environment domain at the beginning of service and received a “+1” at the end of service, the change score is +3, indicating movement of three scale increments in the positive direction. The change score is derived independently from the actual position of the scores on the scale; that is, a change from “0” to “+2” is considered to be of the same magnitude as a change from “-3” to “-1”, or +2 in both cases. This strategy is deliberate in that the change scores may indicate a meaningful change in the status of the family, or of the trajectory of the family (i.e., deterioration to improvement), while at the same time acknowledging that not all problems can be resolved completely during a brief intervention.

Figures 7 through 11 present the aggregate intake and closure ratings for the 5 domains on the NCFAS V2.0. The findings from the NCFAS 2.0 are quite consistent with expectations, based on the results of the reliability and validity study.

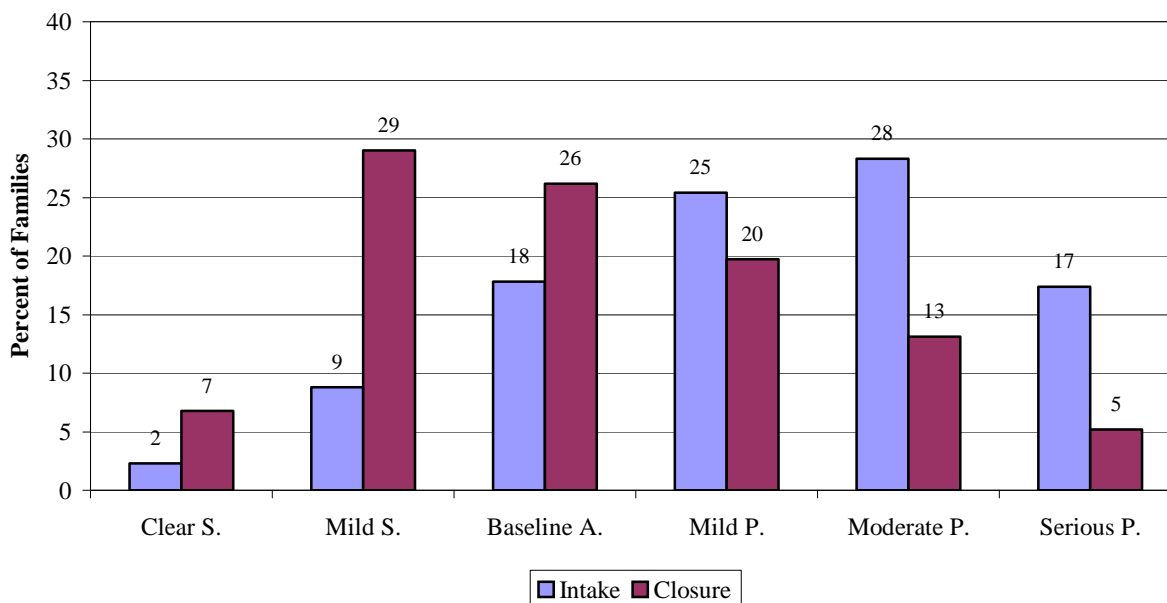
Beginning with Figure 7, next page, it can be seen that the majority of families do not enter services with problem ratings in the area of Environment. Fifty-three percent of families are rated as being at “Baseline/Adequate or above” at intake. At closure, three quarters (73%) of families are “Baseline/Adequate or above.” Families not rated as having environmental issues to resolve at intake also are not likely to have case plans focusing on those issues. However, there was substantial movement of the aggregate data towards the positive end of the scale: the proportion of families rated as having serious environmental problems was reduced from 11% to 4%, and those rated as having moderate problems were reduced from 18% to 10%.

Figure 7. Environment Ratings at Intake and Closure (N=2522)



The Parental Capabilities domain on NCFAS V2.0 is closely related to the former “Parent/Caregiver Characteristics” domain on the earlier versions of the NCFAS, but focuses more specifically on skills. Like its predecessor, it reflected a pattern of marked change in families as a result of receiving IFPS services. These data are presented in Figure 8, next page. At Intake, 70% of families are rated in the “problem” range, with nearly half of families (45%) rated in the “Moderate to Serious” range. After services, three fifths (62%) are rated as “Baseline/Adequate or above.”

Figure 8. Parental Capabilities Ratings at Intake and Closure (N=2,522)



The Family Interactions domain is largely unchanged from the previous NCFAS version, and the domains' detection of change in this area remains strong. Fully 66% of families are rated in the “problem” range at intake on their interaction patterns and behavior, but only 36% are still rated in the “problem” range at closure. These data are presented in Figure 9, next page.

The domain of Family Safety was added to the NCFAS following factor analysis of NCFAS data from previous years. The issue of assessing family safety is very important, as child safety is the chief concern in IFPS interventions, and is also paramount in making the “placement/no placement” recommendation at the end of service. The data gathered on the families served relating to this domain show shifts in Family Safety similar to shifts observed in Family Interactions and Parental Capabilities. These data are presented in Figure 10, next page. More than half of families (57%) are rated in the “problem” range at intake; this proportion is reduced to a quarter (25%) at the time of case closure.

Figure 9. Family Interactions Ratings at Intake and Closure (N=2,522)

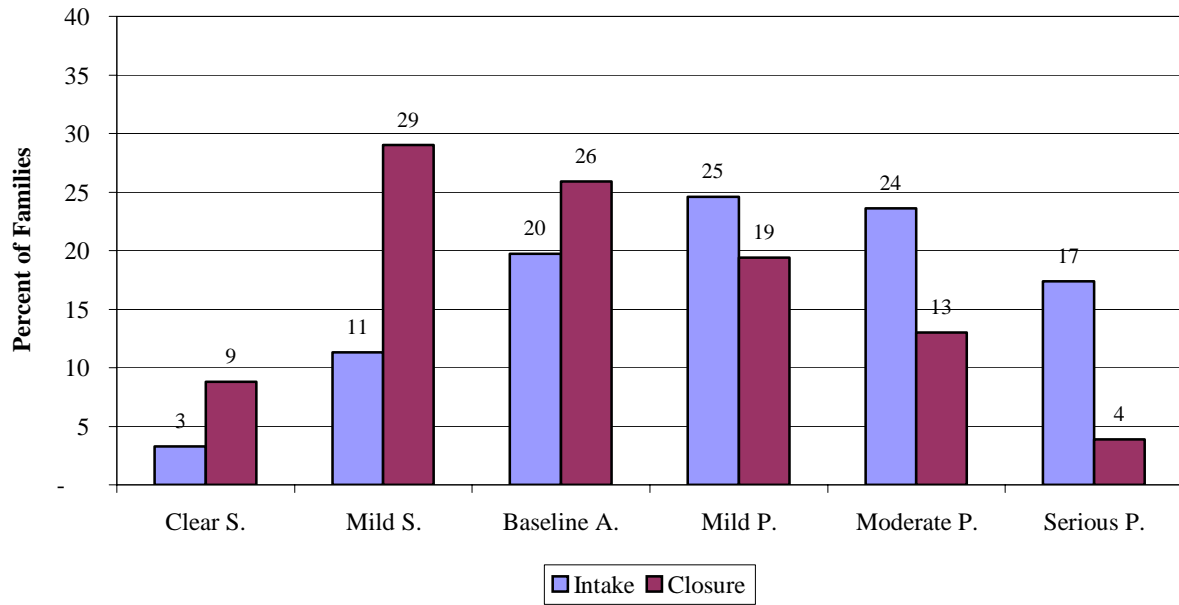
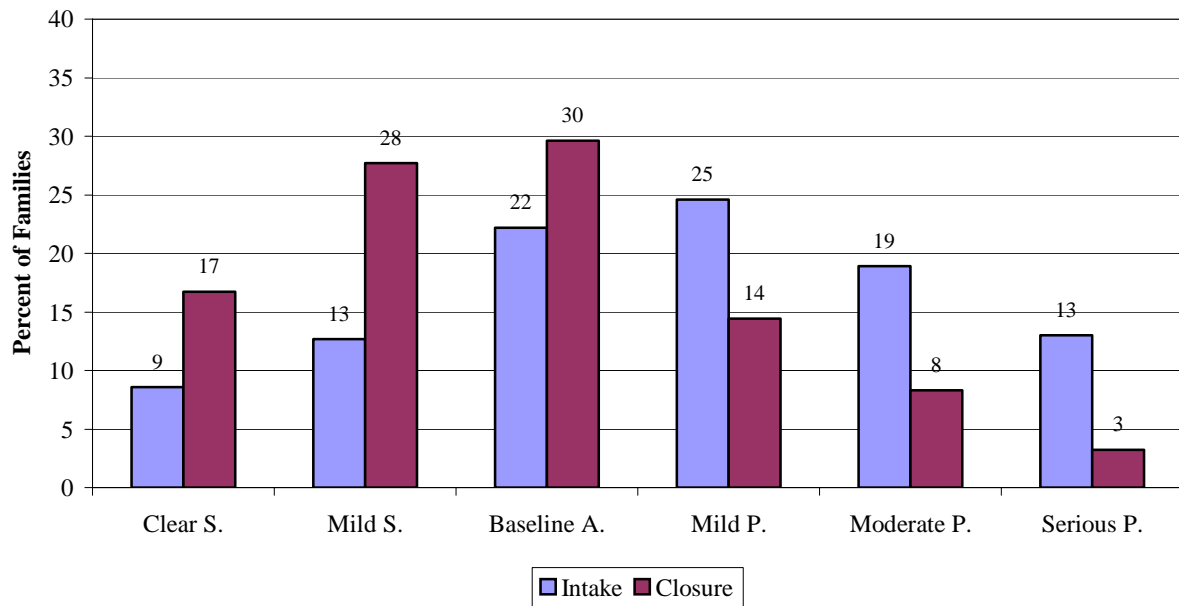
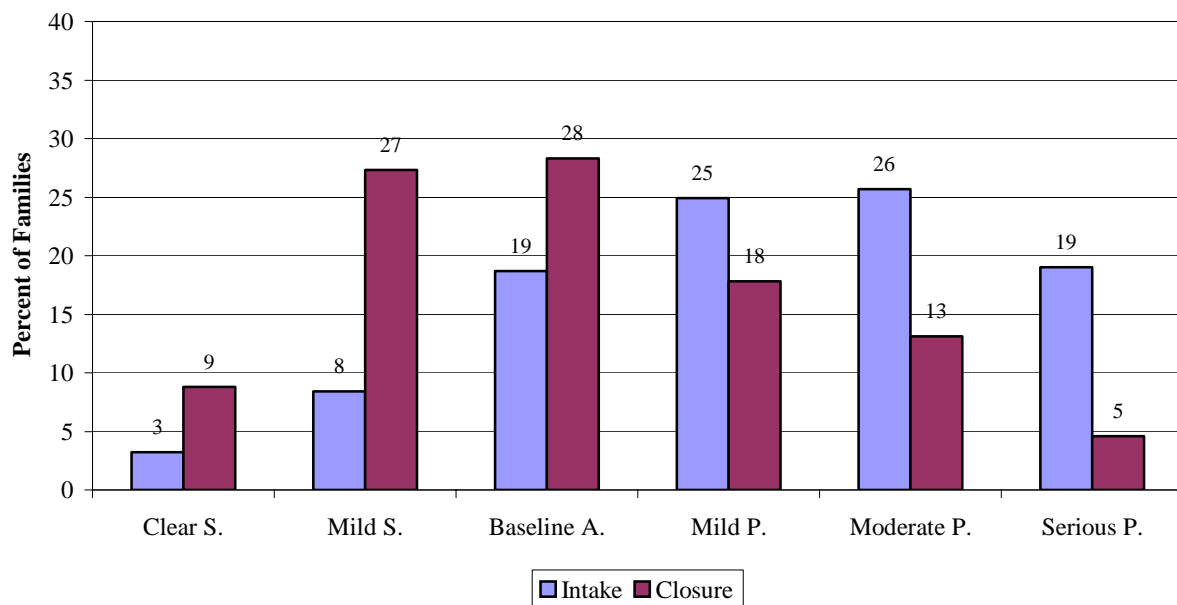


Figure 10. Family Safety Ratings at Intake and Closure (N=2,522)



The final domain of assessment on the NCFAS is Child Well-Being. This domain on Version 2.0 is only slightly changed from previous versions of the NCFAS. These data are presented in Figure 11, below.

Figure 11. Child Well-Being Ratings at Intake and Closure (N=2,522)



The assessed changes in Child Well-Being are large, and are consistent with previous assessment efforts on this domain. The large majority (70%) of families are rated as having problems in this area at the beginning of service. In fact, almost half of families (45%) are rated as having a “Moderate to Serious” problem. This is not altogether surprising since Child Well-Being issues, along with Family Safety Issues are likely to be the issues that bring the family to the attention of the referring agency in the first place. However, at the close of services, about three fifths (64%) of families are at “Baseline/Adequate or above,” and about one third (36%) are rated in the “strengths” range.

Taken as a whole, the ratings on the NCFAS domains reflect the capacity of the IFPS programs to influence parental skills, safety, interaction patterns and behavior, and child well-

being to a substantial degree. Changes on environmental factors, while evident, are less dramatic. This is due, at least in part, to the lower level of need recorded on this domain. These findings, coupled with the low placement rates in the treatment population, contribute to the concurrent validity of the NCFAS V2.

The aggregate data presented in the preceding figures indicate the “population” shifts following receipt of IFPS services, but do not indicate the degree of change in individual families. To examine individual family change requires the analysis of the change scores derived on each domain for each family in the cohort. The specific changes that occurred on each of the domains for the 2,522 families served during the last four years are presented in Table 11, below.

Table 11. Level of Change Experienced by Families on Each Domain of the North Carolina Family Assessment Scale During IFPS

Domain	Level of Change Per Family (Percent of Families) N=2,522				
	-1 or more	0 (no change)	+1	+2	+3 or more
Environment	3.9%	50.5%	29.2%	10.5%	5.7%
Parental Capabilities	3.1%	30.0%	39.7%	17.7%	9.4%
Family Interactions	3.4%	35.0%	36.7%	15.3%	9.6%
Family Safety	3.3%	39.2%	32.1%	16.0%	9.3%
Child Well-Being	3.0%	32.9%	35.2%	17.2%	11.6%

These same data are presented graphically in Figure 12, next page. It can be seen in the graph that about half of families (51%) do not change on the domain of Environment, but that approximately 1/2 to 2/3 of all families improve on the remaining domains: Parental Capabilities, Family Interactions, Family Safety and Child Well-Being. Most of the improvement recorded is incremental (+1 or +2 scale intervals), although 6%-12% of all families improved 3 or more scale intervals. Because the NCFAS employs a 6-point scale, ranging from “serious problem” to “clear strength”, a 3-point shift during a brief intervention is very large.

Note also that a few families (3%-4%, depending on the domain) deteriorate during IFPS services. Deterioration on any domain significantly increases the likelihood of placement at the end of service.

Figure 12. Level of Change Experienced by Families on NCFAS Domain Scores (N=2522)

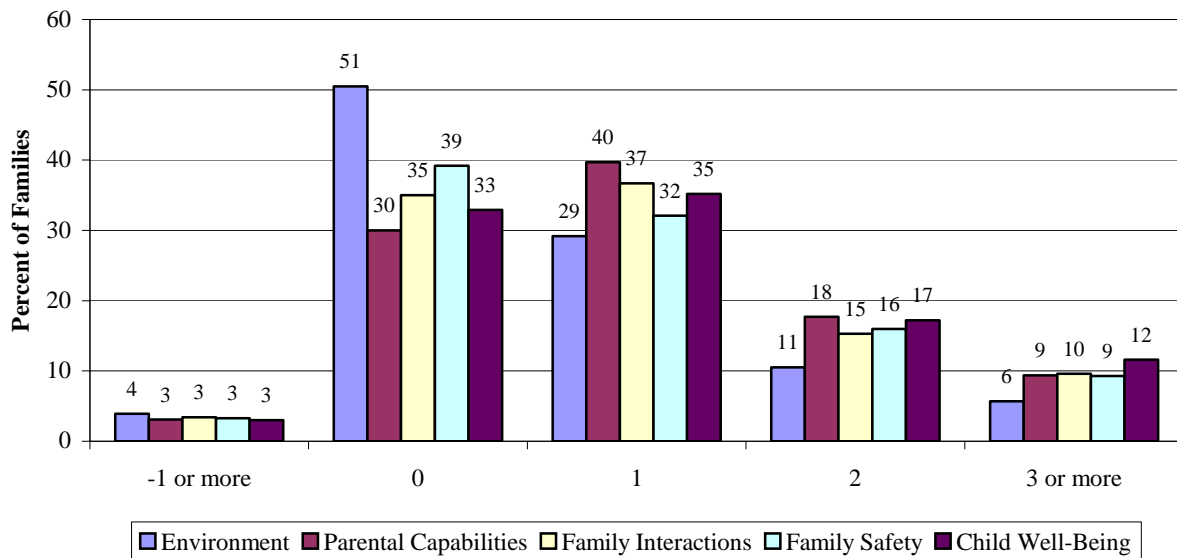
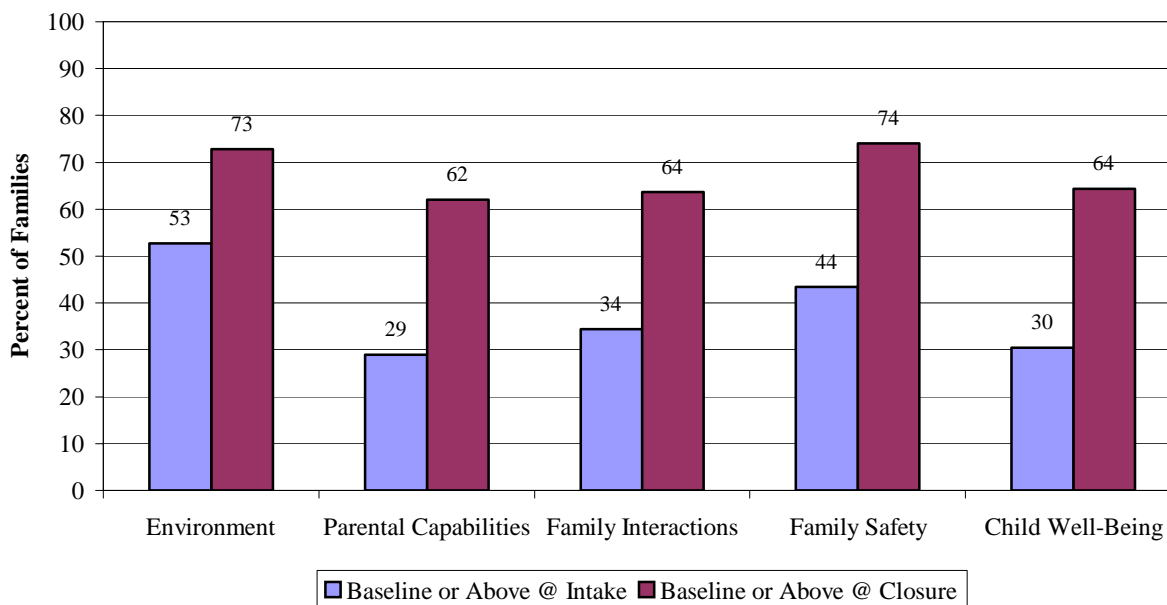


Figure 13 shows the percent of families rated at “Baseline/Adequate or above” at intake and closure. Each “intake/closure” comparison indicates substantial positive change in the population of families served, although approximately one quarter to two fifths of families remain below baseline (i.e., in the problem range of ratings) on one or more domain at the time of case closure.

Figure 13. Overall Change on the NCFAS (N=2,522)



Compelling changes in domain score ratings are noted on all five domains. While the movement that families experience on the NCFAS ratings during IFPS services is interesting in its own right, it is more meaningful when the changes in the scale scores are related to other treatment outcomes. Of particular interest is the relationship between NCFAS scores and placement prevention of imminent risk children.

When the closure scores on the NCFAS are cross tabulated with placement *a positive, statistically significant relationship is observed between strengths and the absence of placement, and between problems and out-of-home placement* on all domains. On each of the domains, families in the “baseline/adequate to strengths” range at IFPS service closure are statistically over represented among families that remain intact. Similarly, at the end of service, families in the problem ranges at IFPS service closure are statistically over represented in families where an out-of-home placement of an imminent risk child occurred during or after IFPS service. The

strength of these relationships is quite compelling. For the 2,522 families served during SFY 2000, 2001, 2002 and 2003, the results are:

- for Environment: Chi Square = 104.310, df = 5, $p < .001$;
- for Parental Capabilities: Chi Square = 164.713, df = 5, $p < .001$;
- for Family Interactions: Chi Square = 168.878, df = 5, $p < .001$;
- for Family Safety: Chi Square = 201.458, df = 5, $p < .001$; and
- for Child Well-Being: Chi Square = 209.452, df = 5, $p < .001$.

These results indicate that *IFPS interventions are capable of improving family functioning across all the measured domains, albeit incrementally, and these improvements in family functioning are statistically associated with placement prevention*. These are important findings to IFPS providers, administrators, policy executives and the legislature, not only in North Carolina, but also throughout the country. They are important because the “prevention” of these placements is linked to measurable changes in family skills, strengths, circumstances, support, interaction patterns and a variety of other factors that comprise “family functioning.”

It should be noted that these statistical relationships are obtained even though the number of children who are placed out of home at the end of IFPS service is very small, and placement decisions may be influenced by a variety of factors *outside the control of IFPS programs*. Both of these factors tend to mitigate the strength of the statistical relationships, yet they remain strong.

It is noteworthy that most families, regardless of their intake ratings across all five domains, improve only incrementally on two or three domains. Indeed, families may remain in the “problem” ranges on one or more domains, even after IFPS. It should not be surprising that families do not change on all domains, because families are not likely to have service plans that focus on all domains.

Cost-Effectiveness, Cost/Benefit Analysis

The following analysis is based upon true costs of operating the IFPS program during SFY 2003 and estimated placement costs provided by the Division of Social Services, the Division of Mental Health/Developmental Disabilities/Substance Abuse Services, and the Department of Juvenile Justice and Delinquency Prevention.

During SFY 2003 there were 1,166 children identified as being at imminent risk of placement into DSS foster care, MH/DD/SAS facilities, or Juvenile Justice facilities. Table 12 presents a breakdown of the number of children at risk of placement, and the number of children actually placed in care or not living at home.

Table 12. Children At Risk of Out-Of-Home Placement at Intake.

Potential Placement Type	Number of Children At Risk of Out-Of-Home Placement	Number of Children Placed or Not Living At Home
DSS Foster Care	1048	61
Juvenile Justice	53	1
Mental Health	55	6
Developmental Disabilities	0	0
Substance Abuse Services	0	0
Private Placement	10	0
Other	NA	8
Totals	1,166	76

For purposes of the analysis, MH/DD/SAS and Private Placements (which are almost always psychiatric placements) are combined to determine the potential costs and cost savings of the IFPS program. Table 13 presents those estimated potential costs and estimated actual costs of placements.

Table 13. Estimated Potential and Estimated Actual Costs of Placements for SFY 2003

Estimated Potential Placement Costs				Estimated Actual Placement Costs		
Placement Type	# of Children At Risk	Placement Costs	Total	# of Children Placed	Placement Costs	Total
DSS FC ¹	1048	\$3,980	\$4,171,040	61	\$3,980	\$242,780
MH/DD/SAS ²	65	37,774	2,455,310	6	37,774	226,644
Juvenile Justice ³	53	52,455	2,780,115	1	52,455	52,455
Column Total	1,166		\$9,406,465	68⁴		\$521,879

¹ DSS out of home placement costs were obtained from Division of Social Services, Family Support and Child Welfare Section.

² Mental Health/Developmental Disabilities/Substance Abuse placement costs were obtained from Division of MH/DD/SAS.

³ Juvenile Justice placement costs were obtained from the Department of Juvenile Justice and Delinquency Prevention.

⁴ This number is less than 76 because 8 children were living in a homeless shelter, emergency shelter, or respite care.

Following are the cost-effectiveness and cost/benefit statistics for the IFPS program during SFY 2003:

- 1,166 children were at imminent risk of removal, at a total potential placement cost of \$9,406,465;
- 68 children were actually placed in various, known placements at an estimated cost of \$521,879;
- IFPS diverted an estimated maximum of \$8,884,586 from placement costs; a cost savings of 94.45%;
- if the cost of operating the IFPS program (\$3,605,817) is subtracted from the gross savings (\$8,884,586), a net savings of \$5,278,769 results;
- the cost/benefit ratio of IFPS for SFY 2003 is \$1.46; that is, for every \$1.00 spent providing IFPS, \$1.46 is not being spent on placement services for imminent risk children who would otherwise be assumed to be placed in out-of-home care;
- the cost of delivering IFPS in SFY 2003 was \$3,092 per imminent risk child, and \$5,960 per family;
- had all 1,166 imminent risk children been placed as originally indicated, the average placement cost would have been \$8,067 per imminent risk child, and the families would not have received any services as part of these expenditures.

Table 14 presents a way of analyzing the costs and cost savings of IFPS that addresses the “fiscal break-even point” of operating the program. This is a useful analysis because some program critics contend that not all children who are identified as being at imminent risk would eventually go into placement, even if they did not receive IFPS. They contend that traditional methods of presenting cost savings are misleading. Table 14 presents costs and cost savings at

different levels of placement prevention, and demonstrates that the IFPS program is cost effective and results in a very high cost/benefit ratio.

The left-most column presents different levels of placement prevention; the other columns present the true costs of the program, the estimated placement costs avoided, and the net cost or cost saving of operating the IFPS program.

Table 14. Determining the Fiscal Break-Even Point of the IFPS Program: Cost and Cost-Savings Resulting from Different Levels of Child Placement Prevention

Placement Prevention Rates	Cost of Providing IFPS in SFY 2003	Placement Costs Avoided	Net Additional Cost or Cost Savings
100%	\$3,605,817	\$9,406,465	\$5,800,648 savings
SFY '03 @ 94.17%	3,605,817	8,884,586	5,278,769 savings
90%	3,605,817	8,465,819	4,860,002 savings
80%	3,605,817	7,525,172	3,919,355 savings
70%	3,605,817	6,584,526	2,978,709 savings
60%	3,605,817	5,643,879	2,038,062 savings
50%	3,605,817	4,703,233	1,097,416 savings
40%	3,605,817	3,762,586	156,769 savings
38.3334%	3,605,817	3,605,817	0 break even point
30%	3,605,817	2,821,940	<783,877> add'l. cost
20%	3,605,817	1,881,293	<1,724,524> add'l. cost
10%	3,605,817	940,647	<2,665,170> add'l. cost
0%	3,605,817	0	<3,605,817> add'l. cost

This table is adapted from a method developed by the Center for the Study of Social Policy (CSSP, Working Paper FP-6, 1989).

The two shaded rows of data from Table 14 illustrate that the “fiscal break-even point” for IFPS occurs at about the 38% (38.3334%) placement prevention rate, whereas the IFPS program actually performed at a 94% placement prevention rate in SFY 2003. This yields a range of 56% (between the 38% “break-even” point and the 94% “performance” rate) of children served within which program critics can argue about the cost effectiveness of the program and the cost/benefit produced. However, the data clearly demonstrate that the program is very cost effective.

Summary of Major Findings from the Outcome-Focused Evaluation of North Carolina's Intensive Family Preservation Services Program

- ◆ Intensive Family Preservation Services are able to improve family functioning in all areas measured by the NCFAS.
- ◆ Some areas of family functioning (e.g., Parental Capabilities, Family Interactions, Family Safety, Child Well-Being) are more amenable to change during a brief intervention than other areas (e.g., Environment).
- ◆ Family functioning scores on all domains, as measured on the NCFAS, are statistically significantly associated with placement and non-placement at the end of IFPS. This finding supports concurrent validity of the NCFAS.
- ◆ Overall, placement prevention rates have been very stable, ranging between 88% and 94% each year since SFY 1994.
- ◆ In addition to placement prevention, IFPS services are statistically significantly associated with reductions in the “level of care” needed among those children *who are placed* at the end of IFPS services.
- ◆ IFPS program cost analysis indicates that IFPS is a very cost-effective program. It also revealed a very favorable cost/benefit ratio.

APPENDIX A

Intensive Family Preservation Services Contact List for SFY 2002-2003

PROGRAMS	CONTACT PERSON	COUNTIES SERVED
DEPARTMENTS OF SOCIAL SERVICES		
Buncombe County DSS PO Box 7408 Asheville, NC 28802	Becky Kessell (828) 250-5523 Fax: (828) 255-5260	Buncombe
Cabarrus County DSS PO Box 668 Concord, NC 28026	Cathy Rucker (704) 920-1523 Fax: (704) 788-8420	Cabarrus
Catawba County DSS PO Box 669 Newton, NC 28658	Charlotte Rorie (828) 322-5800 Fax: (828) 322-2497	Catawba
Clay County DSS PO Box 147 Hayesville, NC 28904 *Managed by contract with Mountain Youth Resources	Terry Beckner (828) 586-8958 Fax: (828) 586-0649	Clay
Cleveland County DSS 130 S. Post Road Drawer 9006 Shelby, NC 28152 *Managed by contract with BIABH	Kim Reel (704) 487-0661 Ext. 260 Fax: (704) 484-1051	Cleveland
Gaston County DSS 330 N. Marietta St. Gastonia, NC 28052	Penny Plyler (704) 862-7989 Fax: (704) 862-7885	Gaston
Iredell County DSS PO Box 1146 Statesville, NC, 28687 *Managed by contract with BIABH	Brenda Caldwell (828) 433-7187 Fax: (828) 437-8329	Iredell
AREA MENTAL HEALTH PROGRAMS		
Blue Ridge Area MH/DD/SAS 257 Biltmore Ave. Asheville, NC 28801	Janice Meade (828) 258-2597 Fax: (282) 285-9679	Buncombe
Centerpointe Area MH/DD/SAS (e) 836 Oak St. Suite 100 Winston-Salem, NC 27101 *Both an original & expansion program	Marya Maxwell (336) 607-8595 Fax: (336) 607-8564	Davie, Forsyth, Stokes

PROGRAMS	CONTACT PERSON	COUNTIES SERVED
Foothills Area MH/DD/SAS PO Box 669 Marion, NC 28752	Jim Hamilton (828) 652-5444 Ext. 221 Fax: (828) 652-7257	Alexander, Burke, Caldwell
Piedmont Behavioral Health Care 1305 S. Cannon Blvd. Kannapolis, NC 28083 *This program is not funded by the Division, yet chooses to participate in the model of service and submit cases.	Revella Nesbitt (704) 939-1151 Fax: (704) 939-1120	Cabarrus
Piedmont Behavioral Health Care 1807 East Innes St. Salisbury, NC 28146	Robert Werstlein (704) 633-3616 Fax: (704) 633-5902	Rowan
Sandhills Center for MH/DD/SAS PO Box 631 Rockingham, NC 28379	Jeannie King (910) 895-2476 Fax: (910) 895-9896	Richmond
Smoky Mountain Counseling Center 154 Medical Park Loop Sylvia, NC 28779	Greta Metcalf (828) 631-9281 Fax: (828) 631-9280	Haywood, Jackson, Swain, EBCI
PRIVATE AGENCIES		
Home Remedies Bringing It All Back Home 204 Avery Avenue Morganton, NC 28655 *Both an original & expansion program	Brenda Caldwell (828) 433-7187 Fax: (828) 437-8329	Burke, Caldwell, Cleveland, Rutherford
Choanoke Area Development Assoc. PO Box 530 Rich Square, NC 27869	Joyce Scott (252) 537-9304 Fax: (252) 539-2048	Halifax, Northampton
Exchange Club/SCAN 500 W. Northwest Blvd. Winston-Salem, NC 27105	George Bryan, Jr. (336) 748-9028 Fax: (336) 748-9030	Forsyth
Person County Family Connections 304 S. Morgan St. Room 111 Roxboro, NC 27573	April Duckworth (336) 597-1746 Fax: (336) 599-1609	Person
Family Services of the Piedmont 301 E. Washington St. Greensboro, NC 27401	Sue Spidell (336) 387-6161 Fax: (336) 387-9167	Guilford

PROGRAMS	CONTACT PERSON	COUNTIES SERVED
Methodist Home for Children PO Box 10917 Raleigh, NC 28779 *Both an original & expansion program (3 contracts under expansion)	Kate Peterson (919) 828-0345 Fax: (919) 755-1833	Brunswick, Chatham, New Hanover, Pender, Pitt, Scotland, Wake, Wayne, Johnston, Robeson, Bertie, Camden, Chowan, Currituck, Gates, Hertford, Martin, Pasquotank, Perquimans
Mountain Youth Resources 20 Colonial Square Sylva, NC 28779	Terri Beckner (828) 586-8958 Fax: (828) 586-0649	Cherokee, Graham, Macon
Rainbow Center, Inc. PO Box 1194 N. Wilkesboro, NC 28659	Glenda Andrews (336) 667-3333 Fax: (336) 667-0212	Wilkes
Youth Focus, Inc. 301 East Washington Street Greensboro, NC 27401 *Subcontract of Family Services of the Piedmont	Betsy Winston (336) 333-6853 Fax: (336) 333-6815	Guilford
Youth Homes, Inc. 500 E Morehead St. Suite 120 Charlotte, NC 28202	Valeria Iseah (704) 334-9955x56 Fax: (704) 375-7497	Mecklenburg

APPENDIX B

Program Allocations And Expenditures For SFY 2002-2003

	Allocation	Actual Expenditure
<u>Departments of Social Services</u>		
Buncombe County DSS	\$127,380	None (a)
Cabarrus County DSS	\$69,306	\$69,306
Catawba County DSS	\$75,000	\$75,000
Clay County DSS (Services contracted through Mountain Youth Resources)	\$53,178	\$53,178
Cleveland County DSS (Services contracted through BIABH)	(b)	(b)
Gaston County DSS	\$150,496	\$150,496
Iredell County DSS (Services contracted through BIABH)	\$128,792	\$128,792
<u>Area Mental Health Programs</u>		
Blue Ridge Mental Health	\$32,578	\$32,578
Centerpointe Mental Health	\$29,975	\$29,975
<i>Centerpointe Mental Health</i>	(c)	(c)
Cumberland County Mental Health	\$32,582	\$32,582
<i>Cumberland County Mental Health</i>	\$251,000	\$209,241
Foothills Area Mental Health	\$39,882	\$39,882
<i>Piedmont Behavioral Healthcare</i>	\$76,963	\$28,662
Sandhills Mental Health	\$75,000	\$75,000
Smoky Mountain Mental Health	\$41,009	\$41,009
<u>Private Agencies</u>		
BIABH	\$348,312	\$348,312
<i>BIABH - Rutherford County</i>	(b)	(b)
Choanoke Area Development Association	\$125,000	\$125,000
<i>Exchange/SCAN</i>	\$95,000	\$94,996
Family Connections	\$73,252	\$73,252
<i>Family Services of the Piedmont</i>	\$237,348	\$237,348
<i>Martin County Community Action</i>	\$150,000	\$137,183
<i>Methodist Home for Children – Johnston County</i>	\$74,949	\$70,034
<i>Methodist Home for Children – Region 10</i>	\$237,554	\$195,671
<i>Methodist Home for Children – Robeson County</i>	\$112,144	\$112,144
Methodist Home for Children	\$762,886	\$762,886
Mountain Youth Resources	\$150,000	\$150,000
<i>Rainbow Center</i>	\$53,645	\$53,645
<i>Youth Focus</i>	(d)	(d)
<i>Youth Homes</i>	\$279,645	\$279,645
TOTALS	\$3,882,876	\$3,605,817

a – Due to the delay in passing the 2002-2003 this program lost workers. By the time the budget was passed, they had decided to subcontract IFPS services. That process was not complete until July 2004. They had a small number of cases that had opened prior to July 1, 2002 that they served until closure.

b – These programs are included in the contract with BIABH and do not have allocations broken out separately.

c – *Centerpointe Mental Health* expansion program is a subcontract of *Exchange/SCAN* and their allocation/actual expenditure is included under *Exchange/SCAN*.

d – *Youth Focus* expansion program is a subcontract of *Family Services of the Piedmont* expansion program and their allocation/actual expenditure is included under *Family Services of the Piedmont*.

Programs that were part of the 2001 IFPS expansion are indicated in italics.